

SERFF Tracking Number:	UHLC-127165175	State:	Arkansas
Filing Company:	UnitedHealthcare Insurance Company	State Tracking Number:	48771
Company Tracking Number:	AS2665STGRS		
TOI:	MS08G Group Medicare Supplement - Standard Sub-TOI:		MS08G.001 Plan A 2010 Plans 2010
Product Name:	GROUP MEDICARE SUPPLEMENT		
Project Name/Number:	ADVERTISING/AS2665STGRS		

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT      SERFF Tr Num: UHLC-127165175 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010      SERFF Status: Closed-Filed-Closed      State Tr Num: 48771

Sub-TOI: MS08G.001 Plan A 2010	Co Tr Num: AS2665STGRS	State Status: Filed-Closed
Filing Type: Advertisement		Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Tammy Disposition Date: 06/01/2011

Frederick, Bobbie Walton

Date Submitted: 05/13/2011      Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: ADVERTISING

Project Number: AS2665STGRS

Requested Filing Mode: Review &amp; Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 06/01/2011

State Status Changed: 06/01/2011

Created By: Michelle Ambach

Corresponding Filing Tracking Number: AS2665STGRS

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is new and does not replace any previously submitted advertisement.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Tammy Frederick

This Invitation to Inquire is a Medicare Supplement Advertisement. Final production of the enclosed advertising piece will show the component number on the bottom left hand corner of the Print Ad.

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## Company and Contact

### Filing Contact Information

Susan Cipollo, Director Susan\_J\_Cipollo@uhc.com  
 680 Blair Mill Rd. 215-902-8444 [Phone]  
 Horsham, PA 19044 215-902-8813 [FAX]

### Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
 185 Asylum Street Group Code: 707 Company Type: Life and Health  
 Hartford, CT 06103 Group Name: State ID Number:  
 (860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: per form, 1 form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	05/13/2011	47566488

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	06/01/2011	06/01/2011

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## Disposition

Disposition Date: 06/01/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule Form	Schedule Item	Schedule Item Status	Public Access
	PRINT AD	Filed-Closed	Yes

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## Form Schedule

**Lead Form Number: AS2665STGRS**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 06/01/2011	AS2665STGRS	Advertising	PRINT AD	Initial		45.000	AS2665STGRS.pdf

# Understanding Your Options

Medicare doesn't pay for all of the costs of hospital and medical care. A Medicare supplement insurance plan can help pay for some of these costs. Consider the only Medicare supplement plan to carry the AARP name, the AARP® Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company.

2011 AARP Medicare Supplement Plans and Benefits							
BENEFITS	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓
Part B (Medical) co-insurance or co-payments	✓	✓	✓	✓	50% <sup>1</sup>	75% <sup>1</sup>	Co-pay <sup>2</sup>
Blood first three pints each year	✓	✓	✓	✓	50%	75%	✓
Hospice Care co-insurance	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Care co-insurance			✓	✓	50%	75%	✓
Part A Deductible		✓	✓	✓	50%	75%	✓
Part B Annual Deductible			✓	✓			
Part B Excess Charges <sup>3</sup>				✓			
Foreign Travel emergency care <sup>4</sup>			80%	80%			80%
Annual Out-of-Pocket spending limit					\$4,640	\$2,320	
MY PLANS AND RATES	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
My Rate							
Other Contribution							
My Total Premium							

Notes

<sup>1</sup> Exception: Plans K and L will pay 100% of Part B co-insurance for preventive services covered by Medicare.

<sup>2</sup> Note: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

<sup>3</sup> Under Ohio and Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare approved Part B charge. Plan F pays benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. In New York, the Excess Charge is limited to 5%. In Texas, the excess charge is not to exceed 15% over the Medicare approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

<sup>4</sup> Care needed immediately because of an injury or an illness of sudden and unexpected onset. Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum.

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer.

AARP doesn’t make individual recommendations for health-related products, services, insurance or programs. You are encouraged to evaluate your needs and compare products.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

**Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.**

**This is a solicitation of insurance. An agent/producer may contact you.**

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.

Your agent/producer can provide complete information including benefits, costs, eligibility requirements, exclusions and limitations.

**Other information for Arizona, Idaho, Maryland, Oklahoma and Texas residents:**

- Benefits provided under Medicare.
- Care not meeting Medicare’s standards.
- Injury or sickness payable by Workers’ Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.

**For Arizona and Oklahoma residents:** Stays beginning, or care or supplies received, before your plan’s effective date.

**For Idaho residents:** Any portion of hospital or skilled nursing facility stay that takes place prior to your plan’s effective date. Medical expenses incurred before your plan’s effective date.

**For Maryland and Texas residents:** Any period of hospital or skilled nursing facility stay that occurs prior to the effective date. Care or supplies received before your plan’s effective date.

**For Arizona, Idaho and Oklahoma residents:** Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan’s effective date.

**For Maryland and Texas residents:** Expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan’s effective date.